



Applicable To:

- Medicare
- Medicaid – excluding AZ

**Claims and Payment Policy:
Allergy Testing and
Immunotherapy**

Policy Number: CPP-112

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BACKGROUND

Allergy is the fifth leading chronic disease in the United States, and allergy and asthma affects one in five Americans. Allergy is a type I hypersensitivity response mediated by Immunoglobulin E (IgE). Following exposure to an allergen which binds to IgE on mast cells and basophils, these cells release mediators such as histamine that elicit an immediate response. Manifestations of this response include cutaneous, respiratory, cardiovascular, and gastrointestinal symptoms in addition to anaphylaxis, a potentially lethal reaction. IgE-mediated clinical conditions include hypersensitivity reactions to foods, insects, drugs, and latex; allergic rhinitis; asthma; urticaria; angioedema; atopic dermatitis; and allergic bronchopulmonary aspergillosis. Allergy tests are a crucial step in the management of these conditions.

The two most clinically utilized tests for allergy are office-based skins tests (in vivo testing) and laboratory tests that measure specific IgE antibodies (in vitro testing). Skin tests involve the introduction of an allergen extract into the skin by a prick or puncture technique or by an intradermal technique. In vitro tests are used a gamma counter to quantify radioactively labeled IgE antibody bound to a solid-phase antigen on a paper disc. The sensitivity of these assays compared to skin tests averages 70-75%, but it is notable that there is no gold standard for allergen-specific IgE testing by which to assess skin tests or in vitro tests. The three enzymatic assays may not yield the same results, and IgE levels from differing assays may not be interchangeable. For this reason, it is desirable to use the same assay over time for a patient.

Allergen immunotherapy (known in lay parlance as allergy shots) is based on the findings of skin or serum allergy testing in combination with the clinical history. This therapy exposes patients in a controlled fashion to specific allergens with the aim of achieving symptom remission. Studies have shown that allergy immunotherapy may prevent asthma in patients with allergic rhinitis. Patients receiving immunotherapy for allergy usually experience an initial increase in specific IgE antibody levels with a subsequent decrease in these levels over time. Patients note improvement of symptoms before the levels decrease, and a decrease in specific IgE levels is not necessary for immunotherapy to be efficacious.

POSITION STATEMENT

In accordance with CMS Local Coverage Determinations (LCDs), WellCare may deny or pend claims that do not align with CMS allergy immunotherapy and testing billing and coding guidelines. Provider may submit medical record documentation through the dispute process in support of payment.

It is the policy of WellCare Health Plans that allergy testing is **medically necessary** for members with clinically significant allergic symptoms and the following indications:

- A. As part of a complete diagnostic evaluation by a licensed practitioner acting within their scope of practice to perform allergy and immunology services
- B. Antigens include only those that are reasonably possible for the member to be exposed to
- C. Chosen test and units allowed per year are as follows:
 - **Percutaneous testing** (also called “scratch testing;” CPT 95004, 95017, 95018) for offending allergens such as pollen, molds, mites, dust, feathers, animal fur or dander, venoms, foods, or drugs, up to 100 units per year.
 - If photo patch test(s) (CPT 95052) are performed (same antigen/same session) with patch or application test(s) (CPT 95044), only the photo patch tests should be reported;
 - If photo tests (CPT 95056) are performed with patch or application test(s) (CPT 95044), only the photo tests should be reported.

It is the policy of WellCare Health Plans that allergy immunotherapy administered in a medical facility is **medically necessary** when meeting all the following indications:

- A. Positive skin test or serologic evidence of an IgE-mediated antibody for allergens which cause any of the following:
 - Allergic (extrinsic) asthma,
 - Dust mite atopic dermatitis,
 - Hymenoptera (bees, hornets, wasps, fire ants) allergic reactions,
 - Mold-induced allergic rhinitis,
 - Perennial allergic rhinitis,
 - Seasonal allergic rhinitis or conjunctivitis
- B. Symptoms of allergic rhinitis or asthma after natural exposure to the allergen; or a life-threatening allergy to insect stings (bees, hornets, wasps, and fire ants)
- C. Avoidance or pharmacologic therapy does not control allergic symptoms or member has unacceptable side effects with pharmacologic therapy
- D. If rapid desensitization/rush immunotherapy is requested, it is only medically necessary for medication or hymenoptera (bees, hornets, wasps, fire ants) sensitivities;
- E. Antigens are prepared by an allergist, immunologist, or otolaryngologist who has examined the patient
- F. Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (CPT 95165) 120 units per year.

It is the policy of WellCare that the following are considered **not medically necessary** because safety or effectiveness have not been established:

A. Testing for the following antigens:

1. Newsprint
2. Tobacco smoke
3. Dandelion
4. Orris root
5. Phenol
6. Alcohol
7. Sugar
8. Yeast
9. Grain mill dust
10. Soybean dust (except when the patient has a known exposure to soybean dust such as a food processing plant)
11. Wool (unless patient has history of continuous exposure to sheep or unprocessed wool)
12. Marigold
13. Honeysuckle
14. Fiberglass
15. Green tea
16. Chalk

B. The following tests for the evaluation allergic reactions:

1. Antigen leukocyte cellular antibody (ALCAT) automated food allergy testing
2. Applied kinesiology or Nambudripad's allergy elimination test (NAET) (i.e., muscle strength testing or measurement after allergen ingestion)
3. Candidiasis test
4. Chemical analysis of body tissues (e.g., hair)
5. Chlorinated pesticides (serum)
6. Complement (total or components)
7. C-reactive protein
8. Cytokine and cytokine receptor assay
9. Cytotoxic testing for food, environmental or clinical ecological allergy testing (Bryans Test, ACT)
10. Electrodermal testing or electro-acupuncture
11. ELISA/Act qualitative antibody testing
12. Food immune complex assay (FICA)
13. Immune complex assay
14. Ingestion challenge food testing for diagnosing rheumatoid arthritis, depression, or respiratory disorders not associated with anaphylaxis or similar systemic reactions
15. In vitro metal allergy testing
16. Iridology
17. Leukocyte histamine release test (LHRT)/basophil histamine release test
18. Lymphocyte function assay
19. Lymphocytes (B or T subsets)
20. Lymphocyte Response Assay (LRA) by ELISA/ACT and Lymphocyte Mitogen Response Assays (LMRA) by ELISA/Act
21. Mediator release test (MRT)
22. Ophthalmic mucus membrane tests/conjunctival challenge test
23. Prausnitz-Kustner (P-K testing) passive cutaneous transfer test

24. Provocative and neutralization testing and neutralization therapy (sublingual, intracutaneous and subcutaneous) also referred to as the Rinkel Test, for food allergies, inhalants, and environmental chemicals because available evidence does not show these tests and therapies are effective.
25. Provocative nasal test
26. Pulse test (pulse response test, reaginic pulse test)
27. Rebeck skin window test
28. Sage Complement Antigen Test
29. Testing for multiple chemical sensitivity syndrome (a.k.a., idiopathic environmental intolerance [IEI], clinical ecological illness, clinical ecology, environmental illness, chemical AIDS, environmental/chemical hypersensitivity disease, total allergy syndrome, cerebral allergy, 20th century disease)
30. Testing of specific immunoglobulin G (IgG) (e.g., by Radioallergosorbent [RAST] or Enzyme-linked immunosorbent assay [ELISA])
31. Testing of total serum IgG, immunoglobulin A (IgA) and immunoglobulin M (IgM)

C. The following services in relation to allergy testing and immunotherapy:

1. Desensitization with commercially available extracts of poison ivy, poison oak, or poison sumac
2. Desensitization for hymenoptera sensitivity using whole body extracts, with the exception of venom extracts and fire ant extracts
3. Desensitization with bacterial vaccine (BAC: bacterial, antigen complex, streptococcus vaccine, staphylo/strepto vaccine, serobacterin, staphylococcus phage lysate)
4. Food allergenic extract immunotherapy
5. Intracutaneous desensitization (Rinkel Injection Therapy, RIT)
6. Neutralization therapy (intradermal and subcutaneous)
7. Repository emulsion therapy
8. Sublingual provocative therapy
9. Urine autoinjection (autogenous urine immunotherapy)
10. Allergen immunotherapy for the management of skin and mucous membrane disease such as urticaria, and Candida vulvovaginitis
11. Home administration of allergy immunotherapy
12. Ingestion challenge food testing performed by the patient in the home
13. Intradermal testing for food allergies
14. Food allergen testing for patients who present with gastrointestinal symptoms suggestive of food intolerance;
15. Rush immunotherapy for inhalant allergens.

Limitations

Allergy Testing

- Retesting with the same antigen(s) should rarely be necessary within a 3-year period. Exceptions include young children with negative skin tests or older children and adults with negative skin tests in the face of persistent symptoms
- Routine repetition of skin tests is not indicated (e.g., annually);
- Measurements of total IgE levels (CPT code 82785-Gammaglobulin [immunoglobulin]; IgE) are not appropriate for most general allergies for the purpose of identifying the cause of the allergic state. Total serum IgE levels should not be billed unless evidence exists for allergic bronchopulmonary Aspergillosis (ABPA), select immunodeficiencies, such as the syndrome

of hyper-IgE, eczematous dermatitis, atopic dermatitis in children and recurrent pyogenic infections, or in the evaluation for omalizumab therapy.

- Serial, repeat testing of total IgE will be subject to medical review.

Per CMS Billing and Coding Guidelines for Allergy Testing (LCD L36402), Evaluation and Management codes reported with allergy testing is appropriate only if a significant, separately identifiable E/M service is performed. When appropriate, use modifier - 25 with the E/M code to indicate it as a separately identifiable service. If E/ M services are reported, medical documentation of the separately identifiable service must be in the medical record. (CPT guidelines).

Allergy testing is not performed on the same day as allergy immunotherapy in standard medical practice. These codes should, therefore, not be reported together. Additionally, the testing becomes an integral part to rapid desensitization kits (CPT code 95180) and would therefore not be reported separately.

Allergy testing is covered when clinically significant symptoms exist and conservative therapy has failed. Allergy testing includes the performance, evaluation, and reading of cutaneous and mucous membrane testing along with the physician taking a history including immunologic history, performing the physical examination, deciding on the antigens to be used, and interpreting results.

Standard skin testing is the preferred method when allergy testing is necessary. Each test should be billed as one unit of service per procedure code, not to exceed two strengths per each unique antigen. Histamine and saline controls are appropriate and can be billed as two antigens. The number of antigens should be individualized for each patient based on history and environmental exposure.

Allergy Testing and Immunotherapy

Per the CMS Pub National Correct Coding Initiative (NCCI) Policy Manual, Chapter 11- CPT codes 90000-99999, K. Allergy Testing and Immunotherapy. If percutaneous or intracutaneous (intradermal) single test (CPT codes 95004 or 95024) and "sequential and incremental" tests (CPT codes, 95017, 95018, or 95027) are performed on the same date of service, both the "sequential and incremental" test and single test codes may be reported if the tests are for different allergens or different dilutions of the same allergen. The unit of service to report is the number of separate tests.

A single test and a "sequential and incremental" test for the same dilution of an allergen should not be reported separately on the same date of service. For example, if the single test for an antigen is positive and the physician proceeds to "sequential and incremental" tests with three additional different dilutions of the same antigen, the physician may report one unit of service for the single test code and three units of service for the "sequential and incremental" test code.

Evaluation and management (E/M) codes reported with allergy testing or allergy immunotherapy are appropriate only if a significant, separately identifiable service is performed. If E/M services are reported, modifier 25 should be utilized.

In general, allergy testing is not performed on the same day as allergy immunotherapy in standard medical practice. Allergy testing is performed prior to immunotherapy to determine the offending allergens. CPT codes for allergy testing and immunotherapy are generally not reported on the same date of service unless the physician provides allergy immunotherapy and testing for additional allergens on the same day.

Physicians should not report allergy testing CPT codes for allergen potency (safety) testing prior to administration of immunotherapy. Confirmation of the appropriate potency of an allergen vial for immunotherapy is an inherent component of immunotherapy. Additionally, allergy testing is an integral component of rapid desensitization kits (CPT code 95180) and is not separately reportable.

Non-covered Allergy Testing

Per Billing and Coding Guidelines for Allergy and Immunotherapy LCD (L34597), non-covered allergy testing includes the following:

Sublingual Intracutaneous and subcutaneous Provocative and Neutralization Testing: Effective October 31, 1988, sublingual intracutaneous and subcutaneous provocative and neutralization testing and neutralization therapy for food allergies are excluded from coverage because available evidence does not show that these tests and therapies are effective.

Cytotoxic Food Tests: Effective August 5, 1985, cytotoxic leukocyte tests for food allergies are excluded from Medicare coverage because available evidence does not show that these tests are safe and effective.

Non-covered Immunotherapy

Sublingual immunotherapy (SLIT) involves the use of FDA approved allergenic extracts administered orally. In early 2014, the FDA approved oral administration of 3 allergenic extracts, two for grasses and one for ragweed. These extracts are not approved by the FDA for anyone over the age of 65 years. Effective October 31, 1988, sublingual intracutaneous and subcutaneous provocative and neutralization testing and neutralization therapy for food allergies are excluded from coverage because available evidence does not show that these tests and therapies are effective.

Place of Service (POS)

Per LCD (L34597) guidelines, the following POS is covered for Allergy Testing and Immunology:

- CPT procedure codes 95115, 95117 and 95144 are payable only in an office setting (11).
- CPT procedure codes 95145-95170 are payable in the office (11) and in a hospital outpatient department (22). These codes are also payable in a skilled nursing facility (31), but only if the physician is present.
- CPT procedure codes 95060, 95065, 95180 are payable in office (11) and hospital settings (21, 22, 23).

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage pertaining to this policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this policy. Refer to the CMS website at <http://cms.gov> for additional information.

CODING & BILLING

CPT Code Table 1: Procedure codes considered medically necessary

Code	Description
86003	Allergy specific IgE; quantitative or semiquantitative, crude allergen extract, each
86005	Allergen specific IgE; qualitative, multiallergen screen (dipstick, paddle, or disk)
86008	Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests
95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests
95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
95027	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests
95028	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests
95044	Patch or application test(s) (specify number of tests)
95052	Photo patch test(s) (specify number of tests)
95056	Photo tests
95060	Ophthalmic mucous membrane tests
95065	Direct nasal mucous membrane test
95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds
95071	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify
95076	Ingestion challenge test (sequential and incremental ingestion of test items, e.g., food, drug or other substance); initial 120 minutes of testing
95079	Ingestion challenge test (sequential and incremental ingestion of test items, e.g., food, drug or other substance); each additional 60 minutes of testing (list separately in addition to code for primary procedure)
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)
95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom
95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms

95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms
95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms
95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
95170	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)
95180	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)
95199	Unlisted allergy/clinical immunologic service or procedure

ICD-10-CM Code Table 1: Diagnoses that support medical necessity for CPT codes 86003, 86005, 95004, 95017, 95018, 95024, 95027, 95028

ICD-10 codes with an * indicate additional digits are needed.

Code	Description
H10.01* – H10.45	Conjunctivitis
J30.1 – J30.9	Allergic rhinitis
J31.0*	Chronic rhinitis
J45.2* - J45.998	Asthma
L20.84 – L20.9	Atopic dermatitis
L23.0 – L23.9*	Allergic contact dermatitis
L25.1 – L25.9	Unspecified contact dermatitis
L27.0 – L27.9	Dermatitis due to substances taken internally
L50.0	Allergic urticaria
L50.6	Contact urticaria
T36.0X5A – T50.995S	Adverse effect of drugs
T63.001* - T63.94*	Toxic effects of venoms
T78.00X*– T78.1XXS	Anaphylactic reaction due to food

T78.49XA – T78.49XS	Other allergy
T80.52XA – T80.52XS	Anaphylactic reaction due to vaccination
T88.6XXA – T88.6XXS	Anaphylactic reaction due to adverse effect of correct drug or medicament properly administered

ICD-10-CM Code Table 2: Diagnoses that support medical necessity for CPT code 95044

Code	Description
L20.84 – L20.9	Intrinsic (allergic) eczema
L23.0 - L23.9	Allergic contact dermatitis, due to other agents
L50.0	Allergic urticaria
L50.6	Contact urticaria

ICD-10-CM Code Table 3: Diagnoses that support medical necessity for CPT codes 95052, 95056

Code	Description
L56.1	Drug photoallergic response
L56.2	Photocontact dermatitis (berloque dermatitis)
L56.3	Solar urticaria

ICD-10-CM Code Table 4: Diagnoses that support medical necessity for CPT codes 95076, 95079

Code	Description
L27.2	Dermatitis due to ingested food
T36.0X5A - T50.995S	Adverse effect of drugs
T78.00X* – T78.1XXS	Anaphylactic reaction due to food
Z88.0 – Z88.9	Allergy status to drugs, medicaments and biological substances

ICD-10-CM Code Table 5: Diagnoses that support medical necessity for CPT codes 95115, 95117, 95145, 95146, 95147, 95148, 95149, 95165, 95170, and 95199

Code	Description
H10.01* – H10.45	Conjunctivitis
J30.1 – J30.9	Allergic rhinitis
J31.0*	Chronic rhinitis

J45.20 – J45.998	Asthma
L20.84 – L20.9	Other atopic dermatitis
L23.0- L23.9*	Allergic contact dermatitis
L25.1 – L25.9	Unspecified contact dermatitis
L27.0 – L27.9	Dermatitis due to substances taken internally
L50.0	Allergic urticaria
L50.6	Contact urticaria
T36.0X5A – T50.995S	Adverse effects of drugs
T63.001* - T63.94*	Toxic effects of venoms
T78.49XA – T78.49XS	Other allergy
T80.52XA – T80.52XS	Anaphylactic reaction due to adverse effect of correct drug or medicament properly administered
Z88.0 – Z88.9	Allergy status to drugs, medicaments, and biological substances
Z91.030 – Z91.038	Insect allergy status

ICD-10-CM Code Table 6: Diagnoses that support medical necessity for CPT code 95180

Code	Description
T36.0X5A - T50.995S	Adverse effect of other drugs, medicaments and biological substances
Z91.030 – Z91.038	Insect allergy status

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

DEFINITIONS

Allergies	Also known as allergic diseases, are a number of conditions caused by hypersensitivity of the immune system to typically harmless substances in the environment. These diseases include hay fever, food allergies, atopic dermatitis, allergic asthma, and anaphylaxis.
Allergen	The substances that trigger allergy. Examples include pollens, dust mite, molds, danders, and certain foods.

<p>Allergy testing</p>	<p>Also known as skin, prick or blood testing, is a method for determining to what substances a person is allergic.</p>
<p>Allergy skin testing</p>	<p>A test in which a small drop of the suspected allergy-provoking substance (allergen) is placed on the skin and the skin is then gently scratched through the drop with a sterile needle.</p>
<p>Delayed hypersensitivity skin testing</p>	<p>Delayed hypersensitivity skin testing measures the presence of activated T cells that recognize a certain substance. It has been commonly used in three ways: anergy testing, testing for infection with intracellular pathogens, and testing for sensitivity to contact allergens. Accurate testing for contact allergy requires careful attention to technique, and limitation of testing to the specific allergens known to be associated with a contact reaction.</p>
<p>Desensitization</p>	<p>Desensitization is a procedure that alters the immune response to the drug and results in temporary tolerance, allowing the patient with a drug hypersensitivity reaction to receive an uninterrupted course of the medication safely. Once the medication is discontinued or if treatment is interrupted for a sufficient period of time, the patient's hypersensitivity to the medication returns.</p>
<p>IgE (Immunoglobulin E) Antibodies</p>	<p>IgE Antibodies are a type of immunoglobulin made by the body which are implicated in allergic reactions.</p>
<p>Immunotherapy</p>	<p>Immunotherapy is the treatment of disease by activating or suppressing the immune system. Immunotherapies designed to elicit or amplify an immune response are classified as activation immunotherapies, while immunotherapies that reduce or suppress are classified as suppression immunotherapies</p>
<p>Inhalation Bronchial Challenge testing</p>	<p>Inhalation bronchial challenge testing involves the inhalation of agents that can trigger respiratory responses. The agents include drugs that cause airway constriction, antigens and chemical sensitizers, usually related to occupational breathing problems. Generally, three measures of each determination (e.g., spirometry, prolonged post exposure evaluation of bronchospasm) are performed. The best of the three is accepted and represents one unit of service. A unit is defined as each set of three measurements.</p>

Ingestion Challenge test	Ingestion challenge test involves the administration of sequentially or incrementally larger doses of the test item. The test items may include food or antibiotics. The service is allowed once per patient encounter, regardless of the number of items tested, and includes evaluation of the patient's response to the test items.
Intradermal testing	Intradermal tests are usually performed when increased sensitivity is needed when percutaneous tests (CPT codes 95004, 95017, 95018) are negative and there is still a strong suspicion of allergen sensitivity. During the test, the physician will inject the allergen directly into the patient's skin.
Patch testing	Patch testing is indicated to evaluate a nonspecific dermatitis, allergic contact dermatitis, pruritus, and other dermatitis to determine the causative antigen.
Photo Patch testing	Photo Patch testing uses two patches, with one of them being irradiated with ultraviolet light half way through the occlusive period. It is indicated to evaluate unique allergies resulting from light exposure.
Photo testing	Photo testing is skin irradiation with a specific range of ultraviolet light. Photo tests are performed for the evaluation of photosensitivity disorders.
Rapid Desensitization	Rapid desensitization (also called rush immunotherapy or cluster immunotherapy) applies to clinical situations in which multiple injections of antigens are administered over a few hours at 30- to 120-minute intervals to rapidly neutralize available IgE antibodies.

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SateIMPORTANT INFORMATION ABOUT THIS DOCUMENT

Claims and Payment Policies (CPPs) are policies regarding claims or claim line processing and/or reimbursement related to the administration of health plan benefits. They are not recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for diagnosing, treating, and making clinical recommendations to the member. CPPs are subject to, but not limited to, the following:

- State and federal laws and regulations;
- Policies and procedures promulgated by the Centers for Medicare and Medicaid Services, including National Coverage Determinations and Local Coverage Determinations;
- The health plan’s contract with Medicare and/or a state’s Medicaid agency, as applicable;
- Other CPPs and clinical policies as applicable including, but not limited to, *Pre-Payment and Post-Payment Review*.
- The provisions of the contract between the provider and the health plan; and
- The terms of a member’s particular benefit plan, including those terms outlined in the member’s Evidence of Coverage, Certificate of Coverage, and other policy documents.

In the event of a conflict between a CPP and a member’s policy documents, the terms of a member’s benefit plan will always supersede the CPP. The use of this policy is neither a guarantee of payment, nor a prediction of how a specific claim will be adjudicated. Any coding information is for informational purposes only. No inference should be made regarding coverage or provider reimbursement as a result of the inclusion, or omission, in a CPP of a CPT, HCPCS, or ICD-10 code. Always consult the member’s benefits that are in place at time of service to determine coverage or non-coverage. Claims processing is subject to a number of factors, including the member’s eligibility and benefit coverage on the date of service, coordination of benefits, referral/authorization requirements, utilization management protocols, and the health plan’s policies. Services must be medically necessary in order to be covered.

References to other sources and links provided are for general informational purposes only, and were accurate at the time of publication. CPPs are reviewed annually but may change at any time and without notice, including the lines of business for which they apply. CPPs are available at www.wellcare.com. Select the State then select the “Provider” tab, then “Tools” and then “Payment Guidelines”.

RULES, PRICING & PAYMENT COMMITTEE HISTORY AND REVISIONS

Date	Action
10/30/2019	<ul style="list-style-type: none"> • Approved by RGC